PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885 INSTRUCTIONS. The form should be used for transmitting the ISSUE PEE and PUBLICATION PEE (if required), blocks i through 5 should be correpted where appropriate. All further correspondence including title Patent, advance orders and restlictation of manuscance test will be mailed to the control correspondence address, and understand understand turbulence of the control con

maintenance fee notifications

CURRENT CORRESPONDENCE	ADDRESS	(Nese: Use Bleck	I for any change of	of address

7590 02/01/2007

45695 WITHERS & KEYS FOR BELL SOUTH P. O. BOX 71355 MARIETTA, GA 30007-1355

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Maiting or Transmission

I hereby certify that this Feeds) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mul in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USFTO (5/1) 273-2885, on the date sufficient below

(Depositor's reme)	
(Siputure)	
(Duc)	

							(Signature
							Du
APPLICATION NO.	FILING DATS		FIRST NAMED INVENTOR		ATTORNEY	DOCKET NO.	CONFIRMATION NO.
09/468.083	12/21/1999		AMIT KESARWANI		BS9	19.050	3192
TLE OF INVENTION	SYSTEM AND METE	OD FOR MANAGING	AND CONTROLLING DA	ďΑ			
APPLN: TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUIL	PREV. PAID ISSUE	FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	-\$0		\$1400	05/01/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
NALVEN. A	NDREW L	2134	726-003000	,			
Change of corresponde	ence address or indication	n of "Fee Address" (37	2. For printing on the p			. 5	in their
FR 1.363). Change of correspond	ondence address (or Cha	nge of Correspondence	(1) the names of up to or agents OR, alternation	3 registered patent vely,	attorneys		
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		(2) the name of a single firm (having as a member a 2					
			(2) the name of a single	e firm (having as a	member a	4	
"Fee Address' ind PTO/SB/47, Rev 03-0 Number is required. ASSIGNEB NAME A	ication (or "Fee Address 2 or more recent) attack ND RESIDENCE DAT. ess an assignee is ident h in 37 CFR 3.11. Com	" Indication form ncc. Use of a Customer A TO BE PRINTED ON	(2) the name of a single registered attempt of a 2 registered patent atto itsted, no name will be THE PATENT (print or type of a substitute for filing an (B) RESIDENCE (CTT)	igent) and the name tracys of agents. If r printed be) atent. If an assigno assignment	es of up to no name is ce is identifi	3	
"Foe Address" indifference of the PTO/SB/47. Rev 93-0 Number is required. ASSIGNEE NAME A PLEASE NOTE Unit recordation as set fortical (A) NAME OF ASSIGNAME OF	ication (or "Fee Address 2 or more recent) attact ND RESIDENCE DAT. ess an assignee is ident in 37 CFR 3.11. Com ONES	"Indication form ted. Use of a Customer A TO BE PRINTED ON affed below no assigne pletion of this form is No	registered attorney of a 2 registered patent attor 1 tested, no name will be 1 THE PATENT (print or type 6 data will appear on the p OT a substitute for filing an (B) RESIDENCE (CITY	agent) and the name meys or agents. If r printed. Delta is a saster of agents and street. The an assigned assignment of and STATE OR C	es of up to no name is	ied below, the do	ocument has been filed
Troc Address' indifference in the property of	ication (or "Pee Address 2 or nore recent) attach ND RESIDENCE DAT. ess an assignce is ident in 37 CPR 3.11. Com DNEB	"Indication form too. Use of a Customer A TO BE PRINTED ON affect below, no assigne pletton of this form is Not a categories (will not be categories (will not be)	registered attorney of a 2 registered patent attorney of a 2 registered patent attorney of the THE PATENT (grint or type e data will appear on the p DT a substitute for filing an (B) RESIDENCE (CTT)	gent) and the name tracys or agents. If r printed. Delta assignment and STATE OR C Limit Cyn Individual —Co	es of up to to to name is the us identification or the up to to the up to th	ied below, the do	ocument has been filed
Tree Address* inchement of the PEO/SB/47, Rev 03-0 Muniber is required. ASSIGNEE NAME A PLEASE NOTE: Unit recordation as set fort (A) NAME OF ASSIGNEE ASSI	ication (or "Pee Address 2 or nore recent) attach ND RESIDENCE DAT. ess an assignce is ident in 37 CPR 3.11. Com DNEB	"Indication form too. Use of a Customer A TO BE PRINTED ON affect below, no assigne pletton of this form is Not a categories (will not be categories (will not be)	registered attorney of a 2 registered patient atto- 1 steel, no name will be THE PATENT (grint or by e data will appear on the p OT a substitute for filing an (B) RESIDENCE (CT).	gent) and the name tracys or agents. If r printed. Delta assignment and STATE OR C Limit Cyn Individual —Co	es of up to to to name is the us identification or the up to to the up to th	ied below, the do	ocument has been filed
D The Address' indifference in the PTO/SB/4/, Rev 63-6 Number is required. ASSIGNEE NAME A PLEASE NOTE: Undecondation as set feet (A) NAME OF ASSIGNEE CHECK the appropriant of the PTO/SB/4/ (A) The following feet(s) is a set of the property of the PTO/SB/4/ (B) Issue Pee	ication (or "Fee Address 2 or note recent) attack ND RESIDENCE DAT. ess an assignce is ident in 37 CFR 3.11. Com INSE	"Indication form ted. Use of a Customer A TO BE PRINTED On ified below, no assigne pletton of this form is Ni C Property reategories (will not be	registered attorney of a registered pattern attorney of a registered pattern attorney of a THE PATENT (print or typ e data will appear on the p of a substitute for Hing an of the pattern attended in	sgent) and the name raceys or agents If r printed. be) attent. If an assigne assignment and STATE OR C	ee is identification or	3	ocument has been filed
D'Tee Address' inde PrOSSBAT, Rev 63-0 Number is required. ASSIGNEE NAMIFA PLEASE NOTE: Uni recordation as set forti (A) NAME OF ASSIC (A) L' + Lesse check the appropr L'The following fee(s): Sizue Pee Publication Fee (N	ication (or "Pee Address 2 or nore recent) attach ND RESIDENCE DAT. ess an assignce is ident in 37 CPR 3.11. Com DNEB	"Indication form cel. Use of a Customer A TO BE PRINTED ON affed below, no assigned the condition of this form is No cell of the condition of the condition of the condition of the cell of the ce	registered attemety of a length and the length attempts of a length attempt of a length attempt of the length attempt of the length attempt of the length attempt of the length attempt of lengt	ugent) and the name racys or agents. If r printed. De) Attention of an assign assignment and STATE OR C Lindividual Leo asse first reapply an d. Form PTO-2038	ee is identification or of the control of the contr	ied below the de	up enity Governm
□ Tree Address' Res 03-0 Number is required. ASSIGNEE NAME A SSIGNEE NAME A PLEASE NOTE. Unit recordation as set foot (A) NAME OF ASSIGNEE ASSIGNE	leation (or Tee Addess 2 or store recent) altacl 3 or store recent) altacl 3 or store is identified in a 37 CFR 3.11. Com SNEE **Total 1.2 Total 3.12. Tota	". Indication form need. Use of a Customer need. Use of a Customer A TO BE PRINTED ON fifted below no assigned need to be form in N as Customer need to be formation in N as Customer need to be	registered attorney of a registered pattern and a registered attorney of a registered and an early appear on the p data will appear on the p a substitute for himg an (B) RESIDENCE (CIT). A check is calculated by a particular of Feets) (Pies A check is enclosed Psyment by credit can The Director's heady overpayment, to Dept.	agent) and the name racys or agents. If remays or agents. If remays or agents. If an assignment assignment and STATE OR Comment and Form PTO-2038 authorized to charasti Account Number	ex of up to to name is the is identified OUNTRY) importation or its attached go the require	adjusted below, the decision of the private group of their private group and issue fee second fee(s), any definition of the conclose and	countent has been filed up entity
☐ Tree Address and TroOSBARA Research and TroOSBARA Research and TroOSBARA Research	ication (or "Fee Addiess 2 or nition recent) attack 2 or nition recent) attack ess an againne is ident in 37 CFR 3.11. Com NNES Control of the control of the control o	". Indication form code. Use of a Castomer and A TO RE PRINTED ON uffed below no assigne tension of the form is Ni are contegories (will not be permitted). d above) us See 37 CFR 1.27.	registered attorney of a time will be inside, for one will appear on the p in a substitute for filing an (B) RESIDENCE (CTT) a substitute for filing an inside on the patent). The Payment of Peets) (Pfeet in Payment by credit one in levely overpayment, to Dept overpayme	agent) and the name mays or agents. If remays or agents. If remays or agents. If an assignment assignment and STATE OR C. W. L. C. L.	ex of up to to name is the is identificated by the control of the	other private gro y paid issue fee s red fee(s), any def (enclose an	incument has been filed upwenty Geocentum thown above) ficionery, or credit any course copy of this form R 1 27(g)(2)
☐ Tree Address and TroOSBARA Research and TroOSBARA Research and TroOSBARA Research	ication (or "Fee Addiess 2 or nition recent) attack 2 or nition recent) attack ess an againne is ident in 37 CFR 3.11. Com NNES Control of the control of the control o	". Indication form code. Use of a Castomer and A TO RE PRINTED ON uffed below no assigne tension of the form is Ni are contegories (will not be permitted). d above) us See 37 CFR 1.27.	registered attorney of a registered pattern and a registered attorney of a registered and an early appear on the p data will appear on the p a substitute for himg an (B) RESIDENCE (CIT). A check is calculated by a particular of Feets) (Pies A check is enclosed Psyment by credit can The Director's heady overpayment, to Dept.	agent) and the name mays or agents. If remays or agents. If remays or agents. If an assignment assignment and STATE OR C. W. L. C. L.	ex of up to to name is the is identificated by the control of the	other private gro y paid issue fee s red fee(s), any def (enclose an	incument has been filed upwenty Geocentum thown above) ficionery, or credit any course copy of this form R 1 27(g)(2)
☐ Tree Address (and TrOS)Bid/I. See Address (and TrOS)Bid/I. See (and T	ication (or "Fee Addiess 20 minor records 50 minor records 50 minor records 51 minor 70 m	". Indication form code. Use of a Castomer and A TO RE PRINTED ON uffed below no assigne tension of the form is Ni are contegories (will not be permitted). d above) us See 37 CFR 1.27.	registered attorney of a time will be inside, for one will appear on the p in a substitute for filing an (B) RESIDENCE (CTT) a substitute for filing an inside on the patent). The Payment of Peets) (Pfeet in Payment by credit one in levely overpayment, to Dept overpayme	agent) and the name mays or agents. If remays or agents. If remays or agents. If an assignment as a grant part of the property	ex of up to to name is the is identified output the control of the control output the co	other private gro y paid issue fee s red fee(s), any def (enclose an	up entity Government has been filed government have above) [sciency, or credit any extra copy of this form Rt 27(g)(2)] assignee or other party

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.